



JFH

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of: )  
JOSEPH A. SNIADACH )  
Serial No. 09/921,365 ) Art Unit: 3731  
Filed: August 2, 2001 ) Examiner: Glenn K. Dawson  
For: DOUBLE BARREL ) Docket No. 21242-PA  
VENTILATION MASK )  
FOR A PATIENT )

**REVOCATION OF POWERS OF ATTORNEY AND**  
**GRANTING OF NEW POWER OF ATTORNEY**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed herewith is a revocation of all previous powers of attorney in the above-identified application, and an appointment of a new power therein.

Please process the revocation and appointment papers.

This revocation and new appointment was originally requested by papers filed in the USPTO on September 10, 2002, but was never entered. Even though a Notice of Allowance has been issued in this application, applicant to insure that the appropriate correspondence address, and power of attorney, is recorded in the USPTO.

If anyone in the USPTO wishes to discuss any aspects of these papers, they should call applicants' representative, J. Bruce Hoofnagle at 410 442-2417.

Respectfully submitted,

*J. Bruce Hoofnagle*

J. Bruce Hoofnagle  
Attorney for Applicants  
Reg. No. 20,973

August 23, 2004

J. Bruce Hoofnagle  
P.O. Box 370  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/921,365
Filing Date	August 2, 2001
First Named Inventor	Joseph A. Sniadach
Art Unit	3731
Examiner Name	Glenn K. Dawson
Attorney Docket Number	21242-PA

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

*OR*

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

*OR*

<input checked="" type="checkbox"/> Firm or Individual Name	J. Bruce Hoofnagle			
Address	P.O. Box 370			
Address				
City	Lisbon	State	Maryland	Zip
Country	USA			
Telephone	410 442-2417	Fax	410 442-0175	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Joseph A. Sniadach		
Signature			
Date	8/6/04	Telephone	410-790-4295

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of one (1) forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	09/921,365
<b>Filing Date</b>	August 2, 2001
<b>First Named Inventor</b>	Joseph A. Sniadach
<b>Title</b>	DOUBLE BARREL VENTILATION MASK
<b>Art Unit</b>	3731
<b>Examiner Name</b>	Glenn K. Dawson
<b>Attorney Docket Number</b>	21242-PA

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
J. Bruce Hoofnagle	20,973

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number: 

OR

 The address associated with Customer Number: 

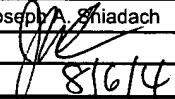
OR

<input checked="" type="checkbox"/>	Firm or Individual Name	J. Bruce Hoofnagle			
Address	P.O. Box 370				
Address					
City	Lisbon	State	Maryland	Zip	21765-0370
Country	USA				
Telephone	410 442-2417	Fax	410 442-0175		

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Joseph A. Sniadach		
Signature			
Date	08/06/04	Telephone	410-790-4295

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of one (1) forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.